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Bib Data Sheet

CONFIRMATION NO. 6287

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/665,236	09/17/2003	128	3738	15302ZYXWAZ (HRT-176)
APPLICANTS John H. Stevens, Palo Alto, CA; Lee R. Bolduc, Mountain View, CA; Stephen W. Boyd, Redwood City, CA; Brian S. Donlon, Los Altos Hills, CA; Hanson S. Gifford III, Woodside, CA; Philip R. Houle, Palo Alto, CA; Daniel C. Rosenman, San Francisco, CA;				
** CONTINUING DATA ***** This application is a CON of 09/950,917 09/12/2001 ABN which is a CON of 08/685,262 07/23/1996 PAT 6,125,852 which is a CIP of 08/485,600 06/07/1995 ABN which is a CIP of 08/281,962 07/28/1994 ABN which is a CIP of 08/163,241 12/06/1993 PAT 5,571,215 which is a CIP of 08/023,778 02/22/1993 PAT 5,452,733				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/16/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		STATE OR COUNTRY CA	SHEETS DRAWING 15	TOTAL CLAIMS 21
INDEPENDENT CLAIMS 3		EXAMINER'S SIGNATURE _____ INITIALS _____		
ADDRESS Scully, Scott, Murpgt & Presser 400 Garden City Plaza Ste. 300 Garden City, NY 11530				
TITLE Minimally-invasive devices and methods for treatment of congestive heart failure				
FILING FEE RECEIVED 968	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	